

34  
APR 15 1988

Certified Mail  
Return Receipt Requested  
Article Number P 300 110 524

Ms. Barbara Sines  
Plant Manager  
Square D. Company  
3700 6th Street S.W.  
Cedar Rapids, Iowa 52404

Re: Square D. Company  
Cedar Rapids, Iowa  
EPA ID No. IAD000819110

This letter is formal notification of the results of the October 29, 1987 compliance evaluation inspection conducted by authorized representatives of the Environmental Protection Agency (EPA) pursuant to Section 3007 of RCRA, 42 U.S.C. Section 6927. The purpose of the inspection was to assess your company's efforts to comply with the EPA hazardous waste regulations at your Cedar Rapids, Iowa facility.

At the time of the inspection, no violations of the hazardous waste generator regulations were identified at the Square D. Company in Cedar Rapids, Iowa. If you have any questions, please call Jim Callier of my staff at (913) 236-2887.

Sincerely,



R00352684  
RCRA RECORDS CENTER

David A. Wagoner  
Director  
Waste Management Division

cc: Pete Hamlin, IDNR  
Jim Jensen, EPA Coordinator  
Square D. Company

UNITED STATES POSTAL SERVICE  
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE  
USE \$300

RETURN TO **RECEIVED** Print Sender's name, address, and ZIP Code in the space below.

*allies*

APR 20 1988 USEPA, RCRA Branch  
726 Minnesota Avenue  
IOWA SECTION Kansas City, Kansas 66101

P 300 110 524

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to <i>Barbara Lines, Square</i>	
Street and No. <i>D, 3700 6<sup>th</sup> St. S.W.</i>	
P.O., State and ZIP Code <i>Cedar Rapids, IA</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date <b>APR 15 1988</b>	

**SENDER: Complete Items 1 and 2 when additional services are desired, and complete items 3 and 4.**  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Barbara Jones</i> <i>Plant Manager</i> <i>Square D Company</i> <i>3700 6th St. S.W.</i> <i>Cedar Rapids, IA 52404</i>	4. Article Number <i>P 300-110-524</i>
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid) <i>3700-6th St S.W.</i>
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery <i>4-18-88</i>	

PS Form 3811, Mar. 1987 U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.